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## APPLICATION FOR CERTIFICATION

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Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)  
Please Print or Type☒ Initial Application ☐ Amended ApplicationFILERID  
200493066

NAME OF CANDIDATE Ward v. Nichols		OFFICE SOUGHT (Include Legislative District, if applicable) State Representative Dist 21	
ADDRESS (NUMBER & STREET) 16018 E. Twin Acres Dr.		CITY Gilbert	STATE AZ
MAILING ADDRESS (if different from above)		CITY	STATE ZIP
CANDIDATE'S TELEPHONE # 480-628-853	CANDIDATE'S FAX # 480-988-5591	CANDIDATE'S E-MAIL ADDRESS WardvNichols@NetZero.com	
CANDIDATE'S PARTY AFFILIATION (if any) Republican			
NAME OF CANDIDATE'S COMMITTEE Re-elect Nichols 2004			
COMMITTEE'S ADDRESS 16018 E. Twin Acres Dr.		CITY Gilbert	STATE AZ
COMMITTEE'S PHONE # N/A		COMMITTEE'S E-MAIL ADDRESS N/A	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)			
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Union Bank			

**DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)):** I hereby designate \_\_\_\_\_ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

CCEC-003-APP/CERT-08/28/01

Application for Certification - Part II

**CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947):** I, the undersigned, upon my oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and belief: